

EXHIBIT M

Harleysville Insurance
355 Main Avenue
Harleysville, PA 19438-2297
www.harleysvillegroup.com
1.800.523.6344 (ext. 5082)



Attention:

LAYNE DREXEL
1910 OLD CAPITOL TR
NEWARK DE 19711

Our records indicate that Check No. **C05258027** was issued to you on **07/15/04**
in the amount of \$ **283.80**

Our records also indicate that to date, this check has not been presented for payment (i.e. cashed). If you have the check noted above, **PLEASE CASH IT AS SOON AS POSSIBLE**. If the check has been lost or misplaced, please indicate accordingly in the box provided below and return the bottom portion of this letter in the self addressed envelope enclosed. **HARLEYSVILLE INSURANCE REQUIRES YOUR WRITTEN SIGNATURE BELOW BEFORE REISSUING A REPLACEMENT CHECK.**

LAYNE DREXEL
1910 OLD CAPITOL TR
NEWARK DE 19711

Policy No.: **MPA812988**
Check No.: **C05258027**
Date Issued: **07/15/04**
Amount: **\$ 283.80**
Description: **-10-BILLING SYSTEM**

☐ Check box if lost, misplaced, or never received.

☐

Signature (REQUIRED)